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ABSTRACT

Evaluated was a program designed to make an early diagnosis of the emotional problems and learning disabilities of 40 preschool children, and to furnish educational interventions so that these problems might be ameliorated before the children enter formal schooling. The program centered around speech and language, perceptual-motor activities, and adjustment to peers and adults. Evaluation objectives focused on assessment of improvement of 50% of the participants in areas of language, perceptual-motor development, social and emotional behavior, and attitudes toward and relationships with adults in the educational setting. Pre- and post-test data revealed that statistically significant differences in the direction of gains and improvement were obtained. There was also close agreement between staff members that over 75% of the children had improved moderately or markedly in attitudes toward and relationships with adults. (Among appended materials are statistical data and a sample form used to collect ratings of improvement.) (SBH)

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EVALUATION REPORT

Function No. 09-56614

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PRE-SCHOOL PROGRAM FOR EMOTIONALLY DISTURBED, LANGUAGE AND PERCEPTUALLY IMPAIRED CHILDREN (TITLE VI)

EVALUATION PERIOD

(December 1974-June 1975)

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Merrill T. Hollinshead, Ph. D.

An evaluation of a New York City school district project funded under Title VI-B Education of the Handicapped Act and performed for the Board of Education of the City of New York for the 1974-1975 school year

Dr. Anthony J. Polemeni, Director

BOARD OF EDUCATION OF THE CITY OF NEW YORK
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CHAPTER I

THE PROGRAM

A pre-school program, designed to accommodate approximately 40 emotionally disturbed, language and perceptually impaired children was carried out at PS 106M (Bellevue Psychiatric Hospital) between December 1974 and June 1975. The program was designed to make an early diagnosis of the emotional problems and learning disabilities of pre-school children, and to furnish educational interventions so that these problems might be ameliorated before the children enter formal schooling.

The children participating in this program were referred by clinics, private physicians, social workers, or parents to the Psychiatric Unit of Bellevue Hospital. They were screened by the psychiatric staff, and were recommended for either in-patient or out-patient services. Children meeting the criteria for admission to the pre-school program--those with severe emotional and learning problems--became regular participants. Approximately half of the children accepted into the program were in-patients.

The on-site coordinator of the pre-school program was the principal of PS 106. The staff consisted of 2 special-class teachers, 2 teacher-specialists with training in speech and language, and perceptual-motor areas. In addition, an

educational assistant was assigned to the program, assisting the teachers in routine activities. All of the teachers and teacher-specialists were highly trained and experienced; their areas of specialization were in early childhood and special education.

Half of the children attended a morning session which was held from 8:20 to 11:30, while the other half of the group arrived for an afternoon session which began at 11:45 and ended at 3:00. Classes were in session from Monday to Friday each week. The in-patient children came to their classroom directly from the hospital wards. Those children who were living at home were brought to the school by their parents. The parents of this latter group waited in the hospital until the end of the school session to take their children home. Many of the parents of the children living at home were seen by a psychiatrist or social worker in connection with their own adjustment problems. In addition, small groups of "waiting-room" parents met weekly with a social worker or psychiatrist, during which periods discussions centered around child-training procedures and problems of child management.

The major thrusts of the pre-school program centered around speech and language, perceptual-motor activities, and adjustment to peers and adults. For many of these children, the program provided the only socialization experiences in which they had been involved outside of their homes. Children were grouped in class sessions on the basis of chronological age.

The "toddlers" (C.A. from 2-1/2 to 3-1/2) met separately from the "nursery" group (C.A. from 3.6 to 5). The programs in the two classrooms included group games, use of pencil and crayon, perceptual-motor training, listening activities, communication skills, and learning to share and to participate in group activities. The two teacher-specialists worked with individual children or small groups of children who had common problems in communication and perception; their interventions were carried on in the classrooms or in more private quarters. Each child received regular attention from these specialists.

The role of members of the psychiatric staff did not end with the diagnosis and referral procedures. Staff meetings (psychiatrists, teachers, social workers) were held each week, during which a single child's progress was considered. Video-tapes were available, made at admission, and repeated just prior to staff conferences, so that the changes in socialization and maturation could be documented. In addition, social workers, psychiatrists, and psychiatric residents were in and out of the school, observing children in learning situations and consulting with teachers. All of the children in the program were seen periodically by members of the psychiatric staff. Thus the program encompassed a jointure of educational and clinical interventions.

CHAPTER II

EVALUATIVE PROCEDURES

Four evaluation objectives for the program were contained in the Evaluation Design:

1. To assess the extent to which 50% of the participants have made statistically significant improvement in their ability to use language. This assessment will be based on an analysis of the pre-test and post-test scores on the Utah Test of Language Ability, the Templin Sound Discrimination Test, and the Verbal Language Development Scale (New York University).
2. To determine the extent to which 50% of the participants who have auditory and/or visual perceptual deficits have made statistically significant improvement in their auditory and/or visual perceptual defects. This determination will be based on an analysis of pre-test and post-test scores on the Berry Visual Motor Integration Test, the Illinois Test of Perceptual Abilities, and the Oseretsky Motor Proficiency Test.
3. To determine the extent to which 50% of the participants whose emotional disturbance and/or cerebral dysfunction has manifested itself in short attention span, hyperactivity, inability to cooperate in a group, and whose social behavior was inappropriate to their age, will demonstrate statistically significant improvement in overcoming these deficits. This determination will be based upon pre-test and post-test analyses of participants scores on the New York University Biometric Scale and the California Pre-School Competency Scale.
4. To determine the extent to which 50% of the participants have manifested significant improvement in their attitudes and relationships with adults in the educational setting. This determination will be made on the basis of qualitative judgments of members of the Bellevue psychiatric staff and educational personnel who work with the children. Evaluations

of improvement will be based on anecdotal material collected during the treatment period.

The evaluation design further stated that data analysis will use correlated t tests, run between pre- and post-test scores, excepting in the determinations contained in the 4th objective; qualitative ratings on improvement will be used in this instance.

Certain tests specified in the evaluation design were not administered to the participants. The Berry and Templin tests were eliminated because they overlapped with the functions tested by the ITPA. The program coordinator had submitted a list of tests to be used in the evaluation, a list from which tests could be selected, rather than an inclusive list of desirable tests. Since the Berry and Templin items covered the same functions that were evaluated by the more useful ITPA, these two tests were not included in the testing program. In addition, the California Pre-School Competency Scale was not used, since it could not be supplied by the publisher at the time when an attempt was made to purchase the test.

There were two instances of data loss, one real and one only apparent. On the Data Loss Form (attached to the MIR Form 30C) it may be noted that the Utah was administered to only 8 participants. This test was considered to be a supplement to the ITPA, and was administered to only a small group of young, immature children who could not score meaningfully

on the ITPA. Four pre-school children were not available for testing during the post-test period when the Oseretsky was administered. It should further be noted that only 24 children were judged to have auditory or visual perception defects; the ITPA and Oseretsky were administered only to those children with deficits in these areas. (See Evaluation Objective 2)

The Utah, Oseretsky and ITPA tests were administered and scored by Title VI teachers assigned to the program. The Verbal Language Development Scale was given by psychiatrists or psychiatric residents who had observed the children on a regular basis. The New York University Biometric Scale was administered by psychologists on the staff of the Biometric Center. All pre-testing was completed during December 1974 or January 1975. The post-tests were administered during the last week in May and the first week in June.

Scores of the pre-school children on the Utah Test of Language Ability, the ITPA, the Verbal Language Development Scale, and the New York University Biometric Scale were interpreted in terms of the chronological-age norms supplied by the publisher. On the Oseretsky, since most of the children scored below the norms for the test, the method of scoring was based upon the ratio between the sum of successes on each subtest and the number of trials.

CHAPTER III

FINDINGS

The findings of this evaluation, based upon analyses of differences between pre-test and post-test scores on tests which were administered to the pre-school children who participated in this program, are summarized below:

The first evaluation objective was to assess the extent to which 50% of the participants have made statistically significant gains in their ability to use language. An analysis of the pre-test and post-test differences between the scores on the Utah Test of Language Ability and the Verbal Language Development Scale showed a statistically significant difference at the .01 level (correlated t design). Mean gains of 6 months were made on the Utah, and 5 months on the VLD Scale. (See Table 1)

The second evaluation objective was to determine the extent to which 50% of the participants made improvement in their auditory and visual perceptual defects. Data analyses of pre-test and post-test differences in scores on the Illinois Test of Perceptual Abilities and the Oseretsky Motor Proficiency Test resulted in a statistically significant improvement in perceptual functioning (correlated t design, $p \leq .01$). Mean gains of 5 months were made on the ITPA, and substantial gains are to be noted on the Oseretsky. (See Table 1)

The third evaluation objective was to determine the extent to which 50% of the participants would have overcome hyperactivity, inability to cooperate in a group, short attention span, and inappropriate social behavior. By an analysis of pre-test and post-test differences in the scores on the New York University Biometric Scale, a statistically significant difference was obtained (correlated t design, $p \leq .01$). Mean gains of 6 months were made on the Biometric Scale. (See Table 1)

The fourth evaluation objective was to determine the extent to which 50% of the participants would significantly improve in their attitudes and relationships with adults in the educational setting. Clinicians who had followed the child regularly and two teachers who knew the children well made separate ratings on degree of improvement. The results are contained in Table 2. The clinicians rated 2 children as having regressed; 10 who had made slight improvement, 19 who had made moderate improvement, and 6 who had improved markedly. The average of two teachers ratings described 1 child as having regressed; 6 who made slight improvement, 21 who improved moderately, and 9 who improved markedly. Both clinicians and teachers rated over three-quarters of the participants as having improved moderately or to a marked degree. See Tables 2 and 3.

The evaluation objectives centered around assessment of improvement of 50% of the participants in areas of language, perceptual-motor development, and social and emotional behavior.

Table 1

Results: New York University Verbal Language Scale

Component Code	Activity Code	Total Participants	Group ID	Number Tested	Pre-test Mean	Post-test Mean	Test	Obtained Value of t	Significance Level
69911	720	37	11	37	2.6	3.1	t	10.46	$p \leq .01$

Results: Utah Test of Language Ability

Component Code	Activity Code	Total Participants	Group ID	Number Tested	Pre-test Mean	Post-test Mean	Test	Obtained Value of t	Significance Level
69911	720	37	11	10	2.3	2.9	t	6.06	$p \leq .01$

Results: New York University Biometric Scale

Component Code	Activity Code	Total Participants	Group ID	Number Tested	Pre-test Mean	Post-test Mean	Test	Obtained Value of t	Significance Level
69911	720	37	11	37	2.7	3.3	t	9.61	$p \leq .01$

Results: Oseretsky Motor Proficiency Test

Component Code	Activity Code	Total Participants	Group ID	Number Tested	Pre-test Mean	Post-test Mean	Test	Obtained Value of t	Significance Level
69911	720	37	11	20	.24	.42	t	.80	$p \leq .01$

Results: Illinois Test of Perceptual Abilities

Component Code	Activity Code	Total Participants	Group ID	Number Tested	Pre-test Mean	Post-test Mean	Test	Obtained Value of t	Significance Level
69911	720	37	11	24	2.71	3.2	t	6.93	$p \leq .01$

proposal. It served the population for which it was designed.

The program described in this report was activated during the present school year, so there were no recommendations forthcoming from prior programs.

Table 2

Teachers' Judgments of Participants'
Improvement in Attitudes and Relationships
with Adults in the Educational Setting

<u>Degree of Improvement</u>			
<u>Regressed</u>	<u>Slight</u>	<u>Moderate</u>	<u>Marked</u>
1	6	21	9

Table 3

Clinicians' Judgments of Participants'
Improvement in Attitudes and Relationships
with Adults in the Educational Setting

<u>Degree of Improvement</u>			
<u>Regressed</u>	<u>Slight</u>	<u>Moderate</u>	<u>Marked</u>
2	10	19	6

CHAPTER IV

SUMMARY OF MAJOR FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

A Pre-School Program for Emotionally Disturbed, Language and Perceptually Impaired Children was conducted at PS 106M (Bellevue Psychiatric Hospital) from December 1974 to June 1975. The program was designed to diagnose and ameliorate the emotional and special learning problems of the children. Program emphases were on speech and communication skills, perceptual-motor training, and socialization. Children ranged in ages from 2-1/2 to five years and attended either morning or afternoon sessions of the school program. They were admitted into the program following psychiatric screening. Approximately half of the 37 participants were in-patients at the hospital. The others were brought to school each day by a parent.

The educational staff of the project consisted of an on-site coordinator (principal of PS 106M), two classroom teachers, and 2 teacher-specialists who worked with children individually or in small groups in speech and language and perceptual training. The teachers were highly trained and experienced; their fields of specialization were in early childhood and special education.

The evaluation objectives centered around assessment of improvement of 50% of the participants in areas of language, perceptual-motor development, social and emotional behavior,

and attitudes toward and relationships with adults in the educational setting. Pre- and post-test data were collected on the following measures: The Utah Test of Language Ability, the Verbal Language Development Scale (New York University), the Illinois Test of Perceptual Abilities, the Oseretsky Motor Proficiency Test, and the New York University Biometric Scale. Using a correlated t design, statistically significant differences in the direction of gains and improvement were obtained on each of the above measures. ($p \leq .01$) The pre-testing was conducted in December 1974 and January 1975. The post-testing period included the last week in May and the first week in June. The treatment period ranged from 4 to 5 months.

An additional evaluation objective was the determination of changes in the attitudes and relationships with adults. Members of the psychiatric staff and teachers assigned to the educational program rated participants with respect to degree of improvement in these areas. There was close agreement between the disciplines, and each judged that over 75% of the children had improved moderately or markedly in attitudes toward and relationships with adults in the educational setting.

There were no discrepancies between the program as envisioned in the project proposal and the actual operation of the program. It served the appropriate target population and was carried out effectively by the educational staff. A unique aspect of the program was the close relationship between the

psychiatric staff of the hospital and the educational program. The project represented a joint effort of clinicians and educators, not only in the selection of children for the program but also in the day to day operation of the project.

Concluding Recommendations

1. The program should be recycled during the next academic year. It offers the only opportunity for this kind of child to participate in group activities and to receive professional help for the remediation of his deficits in an educational setting. Prior to the establishing of this program, in-patient children of this age left the wards for only occasional periods of recreation. Out-patients were shut out from many other pre-school programs. This program of a combined clinical and educational intervention meets a desperate need in the mental health field. It is implemented with great effectiveness by a very competent and dedicated staff.
2. Consideration should be given to selecting tests and other evaluative devices which are appropriate when used with a pre-school population. Because of developmental retardations which characterize the target population, norm-referenced tests which are selected should contain items simple enough so that measurable responses can be elicited from all participants.
3. An additional staff member should be added to the project to meet regularly with the parents who are waiting in the hospital during school hours until their children are ready to go home. The program should seek to become more involved with the parents of the participants, as an adjunct to the educational process.

Pre-School Program for Emotionally Disturbed, Language and Perceptually Impaired Children

Function No. 09-55614

Use Table 30C. for norm referenced achievement data not applicable to tables 30A. and 30B.

30C. Standardized Test Results

In the table below, enter the requested information about the tests used to evaluate the effectiveness of major project components/activities in achieving desired objectives. Before completing this form, read all footnotes. Attach additional sheets if necessary.

Component Code	Activity Code	Test Used ^{1/}	Form		Level		Total N ^{2/}	Group ID ^{3/}	Number Tested		Pretest			Posttest			Statistical Data		
			Pre	Post	Pre	Post			N ^{4/}	Score Type ^{5/}	Date	Mean	SD ^{6/}	Date	Mean	SD ^{6/}	Test ^{7/}	Value ^{8/}	Level ^{9/}
6 9 9 1 1 7 2 0		a	a	a	PreSch.		37	11	37	7*	1/75	2.6793	6/75	3.1758			t	10.46	p ≤ .01
6 9 9 1 1 7 2 0		b	b	b	PreSch.		37	11	10	7*	1/75	2.3697	6/75	2.9841			t	6.06	p ≤ .01
6 9 9 1 1 7 2 0		c	c	c	PreSch.		37	11	37	7*	1/75	2.7787	6/75	3.3996			t	9.61	p ≤ .01
6 9 9 1 1 7 2 0		d	d	d	PreSch.		37	11	20	7**	1/75	.2420	6/75	.42205			t	+ .80	p ≤ .01
6 9 9 1 1 7 2 0		e	e	e	PreSch.		37	11	24	7*	1/75	2.7185	6/75	3.2714			t	6.93	p ≤ .01

1/ Identify Test Used and Year of Publication (MAT-58; CAT-70, etc.)

2/ Total number of participants in the activity

3/ Identify the participants by specific grade level (e.g., grade 3, grade 5). Where several grades are combined, enter the last two digits of the component code.

4/ Total number of participants included in the pre and post test calculations.

5/ 1 = grade equivalent; 2 = percentile rank; 3 = Z Score; 4 = Standard score (publisher's); 5 = stanine; 6 = raw score; 7 = other.

6/ S.D. = Standard Deviation

7/ Test statistic (e.g., t; F; X²).

8/ Obtained value

9/ Specify level of statistical significance obtained (e.g., p ≤ .05; p ≤ .01).

ONLY AVAILABLE FORM USED FOR EACH TEST:

a. N.Y.U. Verbal Lang. Development Scale, 1968

b. Utah Test of Language Ability, 1973

c. N.Y.U. Biometric Scale, 1970

d. Oseretsky Motor Proficiency Test, 1946

e. Illinois Test of Perceptual Abilities, Revised, 1968

*Age Norms

**Ratio of Number of Successes to number of trials

OFFICE OF EDUCATIONAL EVALUATION - DATA LOSS FORM

(attach to MIR, item #30)

Function # 1-20014

In this table enter all data loss information. Between MIR, item #30 and this form, all participants in each activity must be accounted for. The component and activity codes used in completion of item #30 should be used here so that the two tables match. See definitions below table for further instructions.

Component Code								(1) Activity Code	(1) Group I.D.	(2) Test Used	(3) Total N	(4) Number Tested/ Analyzed	(5) Participants Not Tested/ Analyzed		(6) Reasons why students were not tested, or if tested, were not analyzed		Number/ Reason
												N	%				
6	9	9	1	1	7	2	0	Pre-Sch.	Utah*	37	7	30	80	This test was administered only to children too young or immature to respond to ITPA. Not a true data loss. Used as an extension of ITPA.		30	
														In evaluation objectives, this test was to be given only to children with auditory and visual perceptual defects. Thus there was not a true data loss.		13	
6	9	9	1	1	7	2	0	Pre-Sch.	ITPA**	37	24	13	35	In the evaluation objectives, this test was to be given only to children with auditory and visual defects. Four such children were not available for post-test.		17	
6	9	9	1	1	7	2	0	Pre-Sch.	Oseretsky***	37	20	17	49				

- Identify the participants by specific grade level (e.g., grade 3, grade 9). Where several grades are combined, enter the last two digits of the component code.
- Identify the test used and year of publication (MAT-70, SDAT-74, etc.).**Illinois Test of Perceptual Abilities
- Number of participants in the activity.
- Number of participants included in the pre and posttest calculations found on item #30.
- Number and percent of participants not tested and/or not analyzed on item #30.
- Specify all reasons why students were not tested and/or analyzed. For each reason specified, provide a separate number count. If any further documentation is available, please attach to this form. If further space is needed to specify and explain data loss, attach additional pages to this form.

Note: An "n" of 24 comprised the group of children with auditory and visual defects. The only small data loss occurred in the case of the Oseretsky. The objective called for only 50% of the participants to be tested with ITPA and Oseretsky.

Measures of growth other than Standardized Tests

30D. This question is designed to describe the attainment of approved objectives not normally associated with measurement by norm referenced standardized achievement tests. Such objectives usually deal with behavior that is indirectly observed, especially in the affective domain. For example, a reduction in truancy, a positive change in attitude toward learning, a reduction in disruptive behavior, an improved attitude toward self (as indicated by repeated interviews), etc., are frequently held to be prerequisite to the shift toward increased academic achievement by disadvantaged learners. Where your approved measurement devices do not lend themselves to reporting on tables 30A, B or C, use any combination of items and report on separate pages. Attach additional pages if necessary.

Component Code

Activity Code

Objective Code

6	9	9	1	1
---	---	---	---	---

7	2	0
---	---	---

8	0	2
---	---	---

Brief Description Clinicians at the Bellevue Psychiatric Unit and teachers assigned to the Pre-School Program for Emotionally Disturbed, Language and Perceptually Impaired Children rated the participants in the program on improvement in attitudes and in relationships with adults, comparing the children at the post-testing period with the behavior patterns noted at the beginning of the treatment period.

Number of cases observed:

3	7		
---	---	--	--

Number of cases in treatment:

3	7		
---	---	--	--

Pretreatment index of behavior (Specify scale used): Clinical and educational impressions

Criterion of success: Fifty % of the children would show significant improvement in attitudes and relationships with adults.

Was objective fully met? Yes ☒ No ☐ If yes, by what criteria do you know?

Seventy five % of the participants were judged to have improved moderately or markedly

Comments: _____

